

School Travel Plan Pupil Questionnaire



School

Please return to By (date).....

1. Are you male female What class are you in?.....

2. How do you usually travel? To school From school

| | | |
|-----------------|--------------------------|--------------------------|
| Walk | <input type="checkbox"/> | <input type="checkbox"/> |
| Cycle | <input type="checkbox"/> | <input type="checkbox"/> |
| School taxi/bus | <input type="checkbox"/> | <input type="checkbox"/> |
| Car | <input type="checkbox"/> | <input type="checkbox"/> |

3. Do you own a bicycle? Yes/No

4. How would you LIKE to travel to school?

| | |
|-------|--------------------------|
| Walk | <input type="checkbox"/> |
| Cycle | <input type="checkbox"/> |
| Car | <input type="checkbox"/> |
| Bus | <input type="checkbox"/> |

5. Why? (tick any of the following reasons, or write your own)

| | | | |
|-----------------------------|--------------------------|-------------------------------|--------------------------|
| I can travel with friends | <input type="checkbox"/> | I like being outdoors | <input type="checkbox"/> |
| I can travel when I want to | <input type="checkbox"/> | It helps me to arrive on time | <input type="checkbox"/> |
| It makes me feel safer | <input type="checkbox"/> | It helps me to feel healthy | <input type="checkbox"/> |

Other reasons.-
.....
.....

7. Have you ever had a fright during your journey to or from school? Yes/No

8. If Yes, were you:

Walking In a car Cycling

If you *have* had a fright on your school journey, please write down on a separate sheet of paper what happened. It would be helpful if you could draw on a map with an exclamation mark where your fright happened. If you don't have a map - then contact the School Travel Co-ordinator who will be able to provide you with one.

9. Do you walk or cycle to school?

Yes (go straight to **Q.15**) No (please answer all questions)

10. Why not?

.....
.....

11. What would encourage you to walk or cycle?

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.....
.....

12. What do you like about your car or bus journeys?

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.....
.....

13. What do you NOT like about your car or bus journeys?

.....
.....
.....

15. How safe do you feel on your school journey?

Very safe Alright
Unsafe sometimes In danger

16. If you feel unsafe sometimes or in danger, why?

.....
.....
.....

17. Do cars get in your way inside the school grounds or near to the school?

Yes No

18. If Yes, please describe what happens.

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.....
.....

HEALTH AND FITNESS

19. How often to you play sport or exercise outside school hours?

| | | | |
|--------------|--------------------------|-----------------------|--------------------------|
| Most days | <input type="checkbox"/> | Less than once a week | <input type="checkbox"/> |
| Twice a week | <input type="checkbox"/> | Never | <input type="checkbox"/> |
| Once a week | <input type="checkbox"/> | | |

20. About how long does each period of exercise usually last for?

| | |
|---------------------|--------------------------|
| 15 minutes or less | <input type="checkbox"/> |
| Around half an hour | <input type="checkbox"/> |
| One hour or more | <input type="checkbox"/> |

21. Are you happy with the way you feel at the moment?

| | |
|-----------------------------|--------------------------|
| I would like to feel fitter | <input type="checkbox"/> |
| I feel fit enough | <input type="checkbox"/> |
| I feel unfit | <input type="checkbox"/> |

22. List three activities that you would LIKE to do which might help you to get fitter.

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.....
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Please use the other side of this page to write anything else about your journeys to and from school.

Thank you for taking the time to complete this questionnaire.